

Bomb Threat Checklist

CALL TAKER		CALL TAKEN	
Name		Date:	Time:
Telephone #		Duration of call	
Signature		Number of caller	

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

ACTIONS: _____

REPORT CALL TO: _____ **PHONE NUMBER:** _____

CHARACTERISTICS OF THE CALLER	
Sex of caller	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc)	
Speech (fast, slow etc)	
Dictation (clear, muffled, etc)	
Manner (calm, emotional, etc)	
Did you recognise the voice?	
If so, who do you think it was?	
Was the caller familiar with the area?	

LANGUAGE		
<input type="checkbox"/> Abusive	<input type="checkbox"/> Taped	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Irrational	
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message read by caller	

BACKGROUND NOISE		
<input type="checkbox"/> Music	<input type="checkbox"/> Local call	
<input type="checkbox"/> Machinery	<input type="checkbox"/> Long Distance Call	
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Other (specify)	